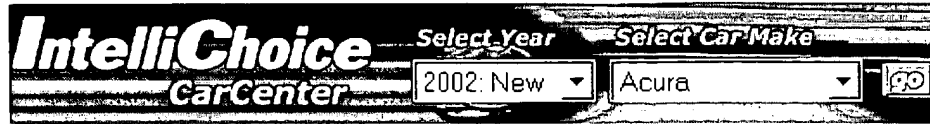


Alcoholism



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Withdrawal Symptoms

Guide picks

Withdrawal from alcohol dependence can bring on a variety of symptoms which can range from mild shakes to life-threatening delirium tremens and seizures.

Alcohol Withdrawal

When heavy or frequent drinkers suddenly decide to quit "cold turkey" they will experience some physical withdrawal symptoms.

Alcohol Withdrawal Syndrome

The alcohol withdrawal syndrome is a cluster of symptoms observed in persons who stop drinking alcohol following continuous and heavy consumption.

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Acute Alcohol Withdrawal

Tremors, nausea, vomiting, anxiety, agitation, tachycardia, hypertension, insomnia and diaphoresis. Is this constellation of symptoms from the condition that brought the patient to the hospital or clinic, or symptoms of acute alcohol withdrawal?

Alcohol Withdrawal Syndrome

Some people have mild shakiness and sweats. Some people hallucinate--they hear and see things that don't exist.

The worst form of withdrawal is called "DTs" (delirium tremens).

Delirium Tremens

Delirium tremens (DT's) is an extremely serious problem which can appear in an alcohol dependent patient during alcohol withdrawal.

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Withdrawal **Women & Alcohol**

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Alcohol Withdrawal Syndrome

What is alcohol withdrawal syndrome?

Alcohol withdrawal syndrome is a set of symptoms that people have when they suddenly stop drinking after using alcohol for a long time. Some people have mild shakiness and sweats. Some people hallucinate (hear and see things that don't exist). The worst form of withdrawal is called "DTs" (delirium tremens). DTs can be very serious if not treated by a doctor.

Withdrawal symptoms rarely occur in people who only drink once in a while. Symptoms usually occur in people who have been drinking heavily for weeks or months and then suddenly stop drinking. People who have gone through withdrawal before are more likely to have withdrawal symptoms each time they quit drinking.

Do people in withdrawal need to see a doctor?

Yes. Your doctor needs to know you're going through withdrawal so he or she can make sure it doesn't lead to more serious health problems. If you go through withdrawal a number of times without getting the right treatment, your symptoms may get worse each time. So even if your withdrawal symptoms don't seem that bad, it's important to see your doctor. This is especially true for people who have had a bad withdrawal before and people who have other health problems, such as infections, heart disease, lung disease or a history of seizures.

People who quit using other drugs (such as tobacco, injected drugs or cocaine) at the same time they stop drinking alcohol might have severe withdrawal problems. They should see a doctor before they quit.

What can a doctor do to help people in withdrawal?

A doctor can keep track of withdrawal symptoms so that more serious health problems don't develop. He or she can also give emotional support.

Medicines can control the shakiness, anxiety and confusion that come with alcohol withdrawal. Only a doctor can prescribe these medicines. If you take the medicines at an early stage of the withdrawal, they may keep your symptoms from getting worse. Most people in withdrawal don't need to be hospitalized.

What can family and friends do to help people going through withdrawal?

It's important for people going through withdrawal to have a quiet, safe place to stay until the withdrawal is over. The urge to drink again during withdrawal can be very strong. Some people may put themselves into dangerous situations. After withdrawal symptoms go away, it's important for the person to join a treatment or sobriety program, such as Alcoholics Anonymous (AA). Support from family and friends can help a person find success in one of these programs.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.

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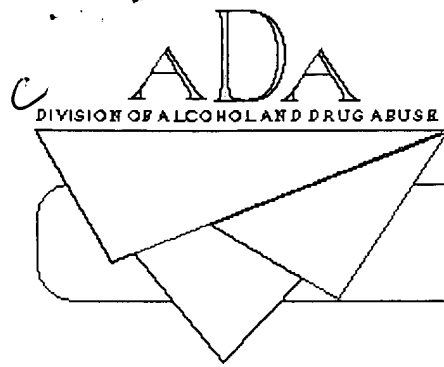


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AS A MATTER OF FACT . . .

ALCOHOL PHARMACOLOGY

Alcohol is a drug that produces a dual effect on the body: a primary depressant effect that lasts a relatively short time, and a weaker agitation of the central nervous system that persists about six times as long as the depressant effect. Awareness of these two effects may depend upon the degree of excitability of the central nervous system at the time of drug administration. This, in turn, depends on the environmental setting of drug use and on the personality of the user.

In a quiet, nonsocial environment, the excitatory influence may be impaired, and the sedation and drowsiness produced by the drugs are then readily perceived as depression of the central nervous system.

In a social setting, where there is a great deal of sensory input, the effects of low doses of alcohol may be perceived as stimulation. However, these effects are the result of the release from inhibition of specific areas of the brain cortex. The drinker may demonstrate excitement-- such as talkativeness, heightened vivacity, increased self-confidence, and general loss of self restraint. As the dose is increased, and during chronic intoxication, the alcohol produces more of the same effects. There may be slurred speech, staggering, loss of emotional control, stupor from which arousal is difficult, severe respiratory depression, coma, and death.

With prolonged or chronic drinking, the presence of the dual effects depends on the time that elapses between drinking episodes. Since the depressant effects are greater, they will be significant for the first two hours after the last drink. As the time since the last drink increases, the longer-lasting agitation effect becomes dominant. This effect eventually leads to morning drinking to calm the drinker. The "morning after" hangover and shakiness is due to the residual central nervous system agitation. This agitation can be temporarily counter-balanced by more drinking because of its dominant depressant effect. Thus, a vicious circle is in motion. Withdrawal symptoms eventually include restlessness, shakiness, confusion, hyperventilation, hallucination, and convulsions. The chronic loss of calcium and magnesium, general malnutrition, and dehydration contribute to these symptoms. Symptoms are usually far more dangerous than those after withdrawal from the opiates or other drugs to which physical dependence may be developed. Severity of the symptoms depends on the length of alcohol abuse and the degree of intoxication. In the typical course of withdrawal, symptoms begin within the first 24 hours after the last drink, reach their peak intensity within two or three days, and disappear within one or two weeks. During the first day of withdrawal, there may be headaches, anxiety, involuntary twitching of muscles, tremor of hands, weakness, insomnia, and nausea.

During the next 48 hours, the symptoms become progressively more intense. There may be a fall in blood pressure; fever; delirium characterized by disorientation, delusions, and visual hallucinations; and convulsions similar to those exhibited in grand mal epileptic seizures. The fever, delirium, and convulsions are the most serious symptoms and have proved fatal in a number of instances. Aside from withdrawal itself, alcohol has a pervasive effect on the body's gastrointestinal tract, liver, bloodstream, brain and nervous system, heart, muscles, and endocrine system. Alcohol, unlike other drugs, can be utilized by the body as a source of energy. This supply of calories often suppresses appetite, leading to dietary deficiencies that may be responsible in part for the pathologic conditions seen in chronic alcoholism. Early alcoholic drinking may produce the following specific medical conditions:

- Loss of control of eye muscles
- Hypoglycemia
- Gastritis
- Increased susceptibility to infections
- Cardiac arrhythmia
- Anemia
- Constant flushing of facial edema
- Peripheral
- neuritis
- Pancreatitis
- Increase in blood alcohol level
- Withdrawal signs
- Fatty liver
- Increase in blood pressure

Chronic alcohol drinking produces even more severe conditions, some of which may be irreversible, such as:

- Liver damage
- Korsokoff Syndrome (vitamin B deficiency)
- Brain damage
- Cardiomyopathy
- Cancer of the tongue, mouth, or pharynx, hypopharynx, esophagus, and liver

These specific medical conditions show how extensive and pervasive the effects of heavy drinking are to health. The extent of damage is shown by the finding that the brains of some alcoholics after death are so soft, pulpy, and deteriorated that they are not suitable for dissection by medical students who need to study brain structure

.Main Source: *National Drug Abuse Center for Training and Resource Development -- Drugs in Perspective*

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